

BUDGET DETAIL WORKSHEETS

OMB Number: 1103-0097

Expiration Date: 2/29/2008

* Applicant Legal Name:

ORI #:

COPS FUNDING REQUEST

Federal assistance is being requested under the following COPS Office funding category:

* Please select the funding category that was selected on the COPS Application Attachment to SF-424.

- | | |
|--|--|
| <input type="checkbox"/> COPS in Schools | <input type="checkbox"/> Targeted Programs |
| <input type="checkbox"/> Tribal Programs | <input type="checkbox"/> Interoperable Communications Technology Program |
| <input type="checkbox"/> Universal Hiring Program | <input type="checkbox"/> Secure our Schools |
| <input type="checkbox"/> Community Policing Development Programs | |

A. Sworn Officer Positions

No Sworn Officer Positions Requested ☐

Instructions: COPS hiring grant programs pay for entry-level salaries and benefits of newly hired, additional sworn law enforcement officers for a period of thirty-six (36) months.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (i.e., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions; part 2 if you are requesting part-time officer positions; and both parts 1 and 2 if you are requesting full and part-time officer positions.

Officer Positions Requested:

* Full-time: * Part-time:

Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

Please complete if your agency is requesting part-time officers:

Part-Time Hours:

- | | |
|--|----------------------|
| * What is the average number of hours per week that your part-time COPS officer will work? | <input type="text"/> |
| * How many hours per week is considered full-time employment? | <input type="text"/> |
| * What is the average number of hours per year that your part-time COPS officer will work? | <input type="text"/> |
| * What is the hourly rate for the part-time COPS officer? | <input type="text"/> |

To calculate the base salary amount for part-time officers, multiply the hourly rate by the average number of hours per year that the part-time COPS-funded officer will work. You will enter this base salary on page 4.

Note: There is a funding cap for part-time officers in proportion to the number of hours worked and the maximum federal funding allowed under a particular COPS hiring program. For example, "COPS in Schools" has a maximum federal share of \$125,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$125,000 (maximum allowed) = \$62,500. "The Universal Hiring Program" has a maximum federal share of \$75,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$75,000 (maximum allowed) = \$37,500.

* Applicant Legal Name:

ORI #:

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Instructions: Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

Part 1: Full-Time Officer Information

Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits

* Base Salary:

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>
*Social Security	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
*Medicare	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Health Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Life Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Vacation	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Sick Leave	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Retirement	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Worker's Comp	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Unemployment Ins.	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Total Fringe Benefits:	<input style="width: 264px; height: 16px;" type="text"/>	

Additional Information

Can't Exceed 6.2%. If Exempt Check Here: ☐

Can't Exceed 1.45%. If Exempt Check Here: ☐

Family Coverage? ☐ Yes ☐ No

Number of Hours Annually:

Number of Hours Annually:

* Describe:

* Describe:

Total Year 1 Salary and Benefits:

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

* Base Salary:

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>
*Social Security	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
*Medicare	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Health Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Life Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Vacation	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Sick Leave	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Retirement	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Worker's Comp	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Unemployment Ins.	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Total Fringe Benefits:	<input style="width: 264px; height: 16px;" type="text"/>	

Additional Information

Can't Exceed 6.2%. If Exempt Check Here: ☐

Can't Exceed 1.45%. If Exempt Check Here: ☐

Family Coverage? ☐ Yes ☐ No

Number of Hours Annually:

Number of Hours Annually:

* Describe:

* Describe:

Total Year 2 Salary and Benefits:

* Applicant Legal Name:

ORI #:

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Instructions: Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

Part 1: Full-Time Officer Information (cont'd)

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

* Base Salary:

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<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>
*Social Security		
*Medicare		
Health Insurance		
Life Insurance		
Vacation		
Sick Leave		
Retirement		
Worker's Comp		
Unemployment Ins.		
Other		
Other		
Total Fringe Benefits:		

Additional Information

Can't Exceed 6.2%. If Exempt Check Here: ☐

Can't Exceed 1.45%. If Exempt Check Here: ☐

Family Coverage? ☐ Yes ☐ No

Number of Hours Annually:

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Number of Hours Annually:

--

* Describe:

--

* Describe:

--

Total Year 3 Salary and Benefits:

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* Applicant Legal Name:

ORI #:

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Instructions: Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

Part 2: Part-Time Officer Information

Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits

* Base Salary:

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>
*Social Security	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
*Medicare	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Health Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Life Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Vacation	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Sick Leave	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Retirement	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Worker's Comp	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Unemployment Ins.	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>

Total Fringe Benefits:

Total Year 1 Salary and Benefits:

Additional Information

Can't Exceed 6.2%. If Exempt Check Here: ☐

Can't Exceed 1.45%. If Exempt Check Here: ☐

Family Coverage? ☐ Yes ☐ No

Number of Hours Annually:

Number of Hours Annually:

* Describe:

* Describe:

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

* Base Salary:

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>
*Social Security	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
*Medicare	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Health Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Life Insurance	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Vacation	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Sick Leave	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Retirement	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Worker's Comp	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Unemployment Ins.	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>
Other	<input style="width: 264px; height: 16px;" type="text"/>	<input style="width: 60px; height: 16px;" type="text"/>

Total Fringe Benefits:

Total Year 2 Salary and Benefits:

Additional Information

Can't Exceed 6.2%. If Exempt Check Here: ☐

Can't Exceed 1.45%. If Exempt Check Here: ☐

Family Coverage? ☐ Yes ☐ No

Number of Hours Annually:

Number of Hours Annually:

* Describe:

* Describe:

* Applicant Legal Name:

ORI #:

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Instructions: Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

Part 2: Part-Time Officer Information (cont'd)

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

* Base Salary:

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<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>	<u>Additional Information</u>			
*Social Security	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>	
*Medicare	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>	
Health Insurance	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Life Insurance	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>			
Vacation	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		Number of Hours Annually: <table border="1"><tr><td></td></tr></table>	
Sick Leave	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		Number of Hours Annually: <table border="1"><tr><td></td></tr></table>	
Retirement	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>			
Worker's Comp	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>			
Unemployment Ins.	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>			
Other	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		* Describe: <table border="1"><tr><td></td></tr></table>	
Other	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		* Describe: <table border="1"><tr><td></td></tr></table>	
Total Fringe Benefits:	<table border="1"><tr><td></td></tr></table>					
Total Year 3 Salary and Benefits:	<table border="1"><tr><td></td></tr></table>					

* Applicant Legal Name:

ORI #:

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Part 3: Sworn Officer Position Budget Summary (all applicants must complete this section)

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

*** 1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below. You must check at least one.**

- ☐ Cost of living adjustment (COLA) ☐ Step Raises ☐ Change in benefit costs
☐ Other- * please explain briefly:

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2. If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation *for each* omission below:

1) Social Security :

--

2) Medicare :

--

3) Worker's Compensation :

--

4) Unemployment Insurance :

--

* Applicant Legal Name:

ORI #:

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Part 3 (Continued):

3. Three-Year Projection

Please complete the following three-year projection, showing how the federal share percentage and your local matching share percentage (if applicable) will change year by year for one officer position. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share percentage (if applicable) increases each year as the federal share percentage decreases. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officer's salaries and benefits paid with local funds (if applicable) must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. *Please refer to the Application Guide for additional program-specific information and for sample budget examples.*

Full-Time Computation

Three-year salary and benefit costs per full-time position

	Year 1 (\$)	Year 2 (\$)	Year 3 (\$)	Total - 3 Years (\$)	
* Federal Share Amount (Percentage must decrease each year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(line 1 a)
Local Share Amount (If applicable) (Percentage must increase each year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(line 1 b)
Total Salary & Benefits (Federal Share plus Local Share)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part-Time Computation

Three-year salary and benefit costs per part-time position

	Year 1 (\$)	Year 2 (\$)	Year 3 (\$)	Total - 3 Years (\$)	
* Federal Share Amount (Percentage must decrease each year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(line 2 a)
Local Share Amount (If applicable) (Percentage must increase each year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(line 2 b)
Total Salary & Benefits (Federal Share plus Local Share)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

* Applicant Legal Name:

ORI #:

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4. Total Sworn Officer Cost

Total Federal Share Amount Computation

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total federal share amount per full-time position from line 1 a		Number of full-time positions requested		

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total federal share amount per part-time position from line 2 a		Number of part-time positions requested		

TOTAL FEDERAL AMT.
Box A

Total Local Share Amount Computation

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total local share amount per full-time position from line 1 b		Number of full-time positions requested		

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total local share amount per part-time position from line 2 b		Number of part-time positions requested		

TOTAL LOCAL AMT.
Box B

Grand Total Computation

<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
Box A (Total Federal Share Amount Requested)		Box B (Total Local Share Amount Requested)		TOTAL SWORN OFFICER COSTS
				Transfer to Budget Summary Line 1

* Applicant Legal Name:

ORI #:

B. Civilian/Other Personnel

No Civilian Personnel Positions Requested ☐

Instructions: *Each position must be listed and computed separately.* On this page you can enter one civilian position and then by extracting the Civilian/Other Personnel Attachment form, can enter 9 more unique positions for a total of 10. Complete each position in accordance with the instructions. Please remember that any files you attach on the page must be a PureEdge document. If more than 10 positions are requested please complete additional pages using the Civilian/Other Personnel Attachment form on this page and attach them using the Other Attachments form.

* Position Title:

* Base Salary Computation: ((X) X) = (Base Salary Subtotal)
((Annual Base Salary(\$)) X Percent of Time Devoted to the Project(%)) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base Salary Subtotal</u>	<u>Additional Information</u>
*Social Security	<input type="text"/>	<input type="text"/>	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	<input type="text"/>	<input type="text"/>	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	<input type="text"/>	<input type="text"/>	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="text"/>	<input type="text"/>	
Vacation	<input type="text"/>	<input type="text"/>	Number of Hours Annually: <input type="text"/>
Sick Leave	<input type="text"/>	<input type="text"/>	Number of Hours Annually: <input type="text"/>
Retirement	<input type="text"/>	<input type="text"/>	
Worker's Comp	<input type="text"/>	<input type="text"/>	
Unemployment Ins.	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	* Describe: <input type="text"/>
Other	<input type="text"/>	<input type="text"/>	* Describe: <input type="text"/>
Total Fringe Benefits:	<input type="text"/>		
Subtotal Position Salary and Benefits: <input type="text"/>			

Important: Please attach your Civilian/Other Personnel position file(s) with the file name of the position title. Each file name must be unique.

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4
- 5) Please attach Attachment 5
- 6) Please attach Attachment 6
- 7) Please attach Attachment 7
- 8) Please attach Attachment 8
- 9) Please attach Attachment 9

* CIVILIAN/OTHER PERSONNEL TOTAL:

(Add together all Subtotals per position)

Total Civilian/Other Personnel Cost
(Transfer to Budget Summary Line 2)

Please include a detailed position description for all positions listed in the Budget Narrative

* Applicant Legal Name:

ORI #:

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B. Civilian/Other Personnel (cont'd)

If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation *for each* omission below:

1) Social Security:

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2) Medicare:

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3) Worker's Compensation:

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4) Unemployment Insurance:

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ORI #:

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No Equipment/Technology Requested ☐

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

**Transfer to Budget
Summary Line 3**

ORI #:

No Other Costs Requested

5

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer position(s) and/or civilian position(s) if allowable under the program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

Pursuant to the Science, State, Justice, Commerce, and related agencies Appropriations Act, 2006, P.L.109-108, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Unit/Item Description	(# of Items/Units)	X Unit Cost(\$)	Per Item Subtotal (\$)
	OTHER COST TOTAL:		
			Transfer to Budget Summary Line 4

Please include a detailed description for all items listed in the Budget Narrative

ORI #:

No Supplies Requested ☐

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

**Transfer to Budget
Summary Line 5**

* Applicant Legal Name:

ORI #:

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F. TRAVEL/TRAINING

No Travel/Training Costs Requested ☐

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs"). If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Reason for Travel/Training & Location of Travel/Training	* Travel/Training Item	* Computation		# of Days /Trips/Events)	Per Item Subtotal (\$)
		(# of Staff	X Unit Cost(\$)	X	

TRAVEL/TRAINING TOTAL:

Transfer to Budget
Summary Line 6

* Applicant Legal Name:

ORI #:

G. CONTRACTS/CONSULTANTSNo Contracts/Consultants Costs Requested ☐**Instructions:** See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

* Contract Description	* Contract Bid Type (Open-Competitive or Sole Source)	* Per Contract Subtotal (\$)

Contracts Subtotal: (G1)

Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Consultant fees in excess of \$450 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

* Consultant Name/Title	* Service Provided	* Computation (Cost (\$))	X # of Days or Hours	Per Consultant Fee Subtotal (\$)

Consultant Fees Subtotal: (G2)

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

* Consultant Name/Title	* Service Provided	* Computation (Cost (\$))	X # of Days	Per Consultant Subtotal (\$)

Consultant Subtotal: (G3)

CONTRACTS/CONSULTANTS TOTAL:

Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)

Transfer to Budget
Summary Line 7*Please include a detailed description for all contracts listed in the Budget Narrative.*

ORI #:

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No Indirect Costs Requested

☐

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

INDIRECT COSTS TOTAL:

* Applicant Legal Name:

ORI #:

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category	Category Total (\$)	Line #
A. Sworn Officer Positions		1
B. Civilian/Other Personnel		2
C. Equipment/Technology		3
D. Other Costs		4
E. Supplies		5
F. Travel/Training		6
G. Contracts/Consultants		7
H. Indirect Costs		8
Total Project Amount:		
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)		

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name:

Prefix:			
* First Name:			
Middle Name:			
* Last Name:			
Suffix:			
* Title:			
* Phone:		* Fax:	
* E-mail Address:			

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 2 hours per response, depending upon the COPS program being applied for, including the time for reviewing instructions, searching existing data sources, gathering the budget data needed, and completing the worksheets. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 2/29/2008